

**ISDH Long Term Care
Newsletter Issue # 2012-07
May 18, 2012**

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- CMS Update: Insulin Pens
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CMS Update

The Centers for Medicare & Medicaid Services (CMS) has recently received reports of use of insulin pens for more than one patient, with at least one 2011 episode resulting in the need for post-exposure patient notification. These reports indicate that some healthcare personnel do not adhere to safe practices and may be unaware of the risks these unsafe practices pose to patients. Insulin pens are meant for use by a single patient only. Each patient/resident must have his/her own. Sharing of insulin pens is essentially the same as sharing needles or syringes, and must be cited, consistent with the applicable provider/supplier specific survey guidance, in the same manner as re-use of needles or syringes.

On May 18, CMS issued [Survey and Certification Letter 12-30-ALL](#) that discusses the use of insulin pens in health care facilities.

Epidemiology Update

From the ISDH Epidemiology Resource Center Digest for March 21:

Hepatitis B and Glucose Monitoring

Advisory Committee on Immunization Practices (ACIP) has recommended hepatitis B vaccination should be administered to:

- Unvaccinated adults 19 through 59 years with diabetes mellitus
- Unvaccinated adults = 60 years with diabetes mellitus at discretion of health care provider

These recommendations were prompted by the number of hepatitis B outbreaks in healthcare facilities that provide assisted blood glucose monitoring. The entire MMWR article can be located at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a4.htm>.

Legionella in a Long Term Care Facility

The ISDH identified a patient using INEDSS Communicable Disease Report of a long term care (LTC) facility resident with Legionnaires Disease. The notification was of particular concern due to the possibility of an outbreak in a very vulnerable population. An investigation by the respiratory epidemiologist, the field epidemiologist and the county health nurse was immediately started to identify if this was a nosocomial infection from the LTC or at the hospital that identified the organism. The hospital and the LTC were in different counties. It was determined that it was not possible that the hospital was the source of infection due to the incubation period. The investigation led to the finding that the patient was a chronic ventilator patient and therefore, the rest of the LTC residents had not been exposed. This finding indicated that the

source of infection came from the ventilator in which it is reported that all supplies including the water come pre-packaged. Further investigation is warranted to determine if the potential point source came from the ventilator itself or the pre packaged supplies.

Histoplasmosis as an Occupational Risk

Due to a couple of cases reported in Indiana associated with a landscaping business recently; before starting a job or activity where there is a possibility of being exposed to *H. capsulatum*, consult the NIOSH/NCID document *Histoplasmosis: Protecting Workers at Risk*. Areas with accumulations of bird or bat droppings should be cleaned up by professional companies that specialize in the removal of hazardous waste. Between 50% and 80% of people who live in areas where *Histoplasma capsulatum* is common in the environment will show evidence of having been exposed to the fungus at some point in their lifetime. Histoplasmosis is a reportable condition in Indiana. Histoplasmosis is a disease caused by the fungus *Histoplasma capsulatum*. The fungus lives in the environment, usually in association with large amounts of bird or bat droppings. Lung infection can occur after a person inhales airborne, microscopic, fungal spores from the environment; however, many people who inhale the spores do not get sick. The symptoms of histoplasmosis are similar to pneumonia, and the infection can sometimes become serious if it is not treated. If symptoms occur, they usually start within 3 to 17 days after being exposed to the fungus. There is no vaccine to prevent histoplasmosis, and it is not always possible to prevent exposure to the fungus in areas where the fungus is endemic. However, you should avoid areas with accumulations of bird or bat droppings, especially if you have a weakened immune system.

Public Health Update

May 2, 2012

STATE HEALTH OFFICIALS ENCOURAGE AWARENESS AND ACTION DURING WORLD ASTHMA MONTH

INDIANAPOLIS-Nearly 25 million Americans suffer from asthma, a disease that affects the lungs by causing episodes of wheezing, breathlessness, chest tightness and coughing. Children are especially susceptible as one out of every 10 school-aged children has asthma in the United States. Asthma is one of the most common serious chronic diseases of childhood.

In Indiana, 458,000 adults and 135,000 children have asthma, according to the 2011 Indiana Asthma Burden Report.

May is Asthma Awareness Month, when public officials, health organizations and patients take action to increase public awareness and promote asthma diagnosis and treatment.

"Asthma is a serious condition that is unfortunately prevalent around the world and largely misunderstood as being only a childhood disease when in fact it is not," said State Health Commissioner Gregory Larkin, M.D. "Asthma Awareness Month highlights the message that although we see asthma in children more often, it does affect millions of adults. We have been working closely with the Indiana Joint Asthma Coalition to raise awareness about this and let people know that although serious, asthma can be controlled with proper medication and medical attention."

The Indiana Joint Asthma Coalition is a voluntary network of people and organizations who work to reduce the burden of asthma on people living in Indiana.

Asthma is a leading cause of hospital emergency visits for children and adults, as well as the top cause of school absenteeism in Indiana. There were approximately 31,000 asthma-related emergency room visits in 2009, an increase of 10 percent from the year before and 9,000 hospitalizations, up 7 percent. The estimated economic cost attributed to asthma-related hospitalization in Indiana was \$122 million in 2009, while the estimated cost of asthma-related emergency department visits was \$46 million.

Asthma can be controlled with proper medication and avoiding the triggers that can cause an attack, such as cigarette smoke, pet dander, air pollution, or dust mites. Creating and following an asthma action plan helps asthma sufferers to recognize flare-ups and manage medication. It also provides instructions to others about what to do in an emergency situation, such as a severe asthma attack.

"Every Hoosier suffering from asthma should have an asthma action plan," said Dr. Larkin. "Having a plan in place is critical in the event of a severe asthma attack because it provides medical protocols specific to

the individual, along with guidance that can be placed on file in the school or workplace. This plan should be created with your health care provider and be specific to you."

Get involved in Asthma Awareness Month by hosting an event in your local community. For more information and resources, visit the asthma home page on the Indiana State Department of Health website at <http://www.in.gov/isdh/24965.htm> , or the EPA website at www.epa.gov/asthma/awareness.html.

April 27, 2012

STATE'S CANCER FACTS AND FIGURES RELEASED

INDIANAPOLIS-As National Cancer Control Awareness Month is winding down, Friday is an opportune moment for the Indiana State Department of Health, Indiana Cancer Consortium (ICC) and the American Cancer Society to release the Indiana Cancer Facts and Figures 2012, the State's only comprehensive report on the burden of cancer.

"This report has the most recent cancer information available and identifies current cancer trends and their potential impact on Hoosiers," said State Health Commissioner Gregory Larkin, M.D. "This helps give us a more comprehensive understanding of Indiana's progress towards meeting the goals and objectives outlined in the Indiana Cancer Consortium state cancer control plan."

Major findings in the report include:

- -Annually, more than 30,000 Indiana residents are diagnosed with cancer. Also, an estimated 2.4 million Hoosiers, or two in five persons now living in Indiana, will eventually develop cancer during their lifetime.
- -Cancer is the second leading cause of death in Indiana. Approximately 12,000 Hoosiers succumb to cancer each year.
- -Indiana's age-adjusted cancer incidence rate during 2004-2008 was 475.6 per 100,000 people, statistically higher but similar to the national rate of 471.8 per 100,000 people. However, during the same period, Indiana's age-adjusted cancer mortality rate was eight percent higher than the national rate (195.8 versus 181.3 deaths per 100,000 people).
- -The most commonly occurring cancers for both the state and the nation are the same. Excluding skin cancers, breast and prostate are the most prevalent cancers among females and males, respectively. Lung and colon cancers are the next most common cancers among both sexes. Annually, lung cancer is responsible for the most cancer-related deaths among both sexes.
- -In Indiana from 1999 to 2008, the age-adjusted incidence rates for all cancers combined decreased 0.5 percent from 466.5 to 464.1 cases per 100,000 people. Likewise, the age-adjusted cancer mortality rates decreased by 10.6 percent from 215.4 to 194.8 deaths per 100,000 people. Trends varied among the different cancer types.

"The report indicates that progress continues to be made in the early detection and treatment of certain cancers, and that the incidence and mortality of some cancers is declining, both very positive signs for Indiana," said Dr. Larkin. "However, a significant burden still exists among Hoosiers that requires continued and more targeted cancer prevention and control efforts."

Many cancers can be prevented by modifying external risk factors and making lifestyles choices, such as eliminating tobacco use, improving dietary habits, increasing physical activity, losing weight, and avoiding excessive sun and infectious disease exposures. Furthermore, many cancers can be prevented or identified at an early stage if people receive regular medical care and obtain early detection cancer screenings.

The Indiana Cancer Facts and Figures 2012 report was released during the ICC Annual Meeting at Joseph E. Walther Hall on the campus of IUPUI. In addition to unveiling the report, an expert panel of health professionals discussed issues currently surrounding cancer screening guidelines and recommendations for breast and prostate cancer and use of the HPV vaccine to help prevent cervical and other cancer types.

"The ICC is working to reduce the burden of cancer in Indiana. In order to lead this effort, it is vital for the ICC to share timely cancer data and the latest advancements in cancer control with our partners," said Sara Edgerton, ICC Co-Chair. "Together, we can better the lives of everyone affected by cancer in Indiana."

The ICC is a statewide network of partnerships whose mission is to reduce the cancer burden in Indiana through the development, implementation and evaluation of a comprehensive plan that address cancer across the continuum from prevention through palliation. Participation in the ICC is open to all organizations

and individuals interested in cancer prevention, early detection, treatment, quality of life, data collection and advocacy regarding cancer-related issues.

To download a copy of the Indiana Cancer Facts & Figures 2012 and to find additional information about cancer prevention and control in Indiana, please visit the ICC's website at www.indianacancer.org.

March 16, 2012

INDIANA FAMILY HELPLINE HAS A NEW NUMBER AND LOOK

INDIANAPOLIS-Change has come for the Indiana MCH MOMS Helpline, a free comprehensive information and referral program operated by the Indiana State Department of Health. The phone number has been updated to help make it easier for callers to remember. The new toll-free number is **1-844-MCH-MOMS** (1-844-624-6667).

For more than 20 years, the IFHL has helped improve the lives of Indiana residents by offering referral assistance and support in efforts to promote self sufficiency and a better quality of life for all Hoosiers-individuals and families alike.

"The Indiana Family Helpline is there for Hoosiers with questions or issues on anything from pregnancy health care, to minority health services, emergency shelters, support groups, dental care services, substance abuse programs and many other services," said State Health Commissioner Gregory Larkin, M.D. "Help is only a phone call away."

The IFHL provides information, referrals and consumer education on a variety of topics related to callers' social service needs. The IFHL can serve as a source of advocacy for callers who may struggle with meeting their needs on their own. In 2010, the IFHL responded to nearly 45,000 calls. Of those, 1,076 were advocacy calls. Almost 87,000 referrals were provided.

Since 1988, the IFHL has been recognized by its bright yellow rotary phone logo. With the activation of the new number, the logo for the Helpline has also gotten a new look.

"It is time to contemporize our logo and include a slogan to help people understand the purpose the Helpline serves," said Dr. Larkin. "We're hopeful that the new look and number will help more Hoosiers than ever to learn about the Helpline and make the call if they need to."

A bilingual communication specialist available at all times for Spanish-speaking callers. For callers who may speak other languages, the IFHL has access to the AT&T Language Line. The IFHL is available Monday through Friday, from 7:30 a.m.-5:00 p.m.

More information about the IFHL can be found on the Indiana State Department of Health's website at www.StateHealth.in.gov.

ISDH Staff Update

The following is a survey staff update for March and April 2012 for the ISDH Division of Long Term Care.

New Long Term Care Surveyors: The ISDH welcomes the following new surveyors and staff:

Amber Bloss - Medical Surveyor 3 (QMRP) - ICF/IID Program - Effective April 2, 2012

Angelita Washington - Secretary 4 - Health Care Records & Registry - Effective April 2, 2012

Transfers:

Christi Davidson - Public Health Nurse Surveyor Supervisor 5 for Survey Area 6 returned to Public Health Nurse Surveyor 3 for Survey Area 4 on April 16, 2012

Departures: The following surveyors are no longer with the ISDH. We thank them for their service to the state and wish them well in their new opportunities.

Melinda Lewis - Public Health Nurse Surveyor 3 - Survey Area 0 - Hired 9/29/2003 - Effective 3/5/2012

Susan Bruck - Public Health Nurse Surveyor 3 - Survey Area 1 - Hired 9/19/2011 - Effective 3/9/2012

Bobbie Costigan - Public Health Nurse Surveyor 3 - Survey Area 1 - Hired 12/13/10 - Effective 4/13/12